

their enrollment decisions, employment and their perceptions about their training programs and quality.

Methods: We randomly selected 842 graduates in the five programs between 1999 and 2012, located and provided them with a self-administered questionnaire. Data were collected between April and September 2015. A total of 428 questionnaires were completed and returned. Locating the graduates and involving them in the survey was challenging. The study was approved by the Ethics Committee in Cambodia and Boston University's Internal Review Board.

Findings: 56% of the respondents were female, 44% male, mean age was 32 years. 77% (n = 328) said would have chosen to study a health-related program if given another chance to decide. Primary reasons for the choice were easy to find a job (23%, n = 98), like the profession (71%, n = 303) and to satisfy parents (29%, n = 126). Over 90% reported had a health profession job within one year after study completion, and over 95% reported currently have a job in the health sector. Almost half of the respondents reported having the current job in the public health sector. The other half has a health-related job in the private health sector, including a quarter who reported owning a health-related business or private practices. An average rating of 20 scaled items on a four-point scale was 2.43.

Interpretation: UHS graduates have a strong job prospect. Several areas of the training programs need improvement, including updated training materials and textbooks, online and internet services, and quality of instructions.

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Healthcare workers' self-reported knowledge, attitudes, and practice implications regarding mental health care in rural Uganda

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Background: Uganda is challenged by limited resources for managing the increasing recognition of mental health disorders. Mentally ill patients are frequently provided with inappropriate and incorrect treatments. Facilitation of early detection and intervention for mental health problems may be achieved through development of training programs for generalist healthcare workers (HCWs). The current study aimed to assess knowledge, attitudes, and implications for practice regarding mental health care among HCWs at the primary care level in a rural setting in Uganda.

Methods: Structured interviews with 65 HCWs were conducted at six healthcare facilities in Kisoro district. The IRB-approved survey instrument was adapted from previously validated questionnaires. Independent variables included the participants' background and self-reported knowledge on diagnosis/treatment of mental illness. Primary outcome variables included perceived self-competency of mental health clinical management, therapeutic commitment, and stigma against mentally ill patients. Responses were scored on a 7-point Likert-type rating scale.

Findings: Higher degrees of self-reported knowledge were associated with higher levels of perceived self-competency (p<0.01) and higher therapeutic commitment (p<0.01). HCWs who had received some form of mental health training were found to have higher levels of perceived self-competency than HCWs with no such training (p<0.05). HCWs with higher levels of training had lower levels of stigma than nurses (p<0.05). The length of post-secondary education was also associated with lower levels of stigma (p<0.05). HCWs at the local private hospital with no mental health specialist on staff self-reported a lower degree of knowledge on management of mental illness than did their colleagues in the public sector with access to a psychiatric referral system (p<0.05), despite having, on average, higher levels of post-secondary education (p<0.01).

Interpretation: Educational programs for HCWs should focus on stigma reduction and improvement of knowledge on diagnosis and treatment of mental illness. Special focus should be on nurses, who are often the primary provider. Having access to a mental health specialist is shown to be associated with higher self-reported knowledge on management of mental illness, and thus higher perceived self-competency and therapeutic commitment — elements that lead to more effective practices.

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framework for interprofessional education (IPE) to advance global health learning

Abstract Opted Out of Publication

Abstract #: 1.080_HRW

A comparative look at the medical and nursing education partnership initiatives

Abstract Opted Out of Publication

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Relevance at scale: being global, feeling local

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Program/Project Purpose: E-learning is an inventive solution for responding to the growing need for trained health professionals in low- and middle-income countries (LMICs) because it can provide on-going education without interrupting care delivery or incurring high costs. The Department of Global Health e-Learning Program (eDGH) at the University of Washington has offered eight online courses to more than 10,000 health professionals in 60 LMICs since 2013. We have learned that effective training of a global audience from various cultural, demographic, linguistic, and geographic backgrounds requires that online content be localized. To achieve this, eDGH uses a site-facilitator and peer group discussion model blended with online learning.